Attachment #2

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Southeast Area Regional Benchmarking Update

On April 4, 2013 member representatives of the six Southeast Area Regional Partnership Councils (Central Pima, North Pima, South Pima, Pascua Yaqui Tribe, Tohono O'odham Nation and Santa Cruz) met for the first time to collaboratively discuss the regional benchmarking of prioritized School Readiness Indicators.

The purpose of this first meeting was to provide some background information and additional details about the overall process of regional benchmarking. This background information will help set a solid foundation in understanding the School Readiness Indicators, which will be instrumental in helping Regional Councils to identify and set benchmarks that are both attainable and aspirational.

Discussion Highlights from the April 4th Cross- Regional Benchmarking Workgroup Meeting

- Dr. Amy Kemp, Senior Director of Evaluation and Research facilitated the meeting.
- Update and discussion topics included the following:
  - Historical overview of how the School Readiness Indicators were developed, their purpose and how collectively, statewide and regionally, the Indicators may be advanced through the benchmarking process.
  - First Things First plays a significant role in the benchmarking of the School Readiness Indicators; however First Things First is not the only partner and contributor in the advancement of positively moving the needle.
  - Variations of the availability of benchmark data at this time. For example, there are benchmark data that is complete for some Indicators while other benchmarks with baseline data collection just beginning and two benchmarks require further data development and decisions.
  - Review of the 10 School Readiness Indicators, the applicable statewide benchmark and what data sources to be used to inform the benchmarking process.
  - How the state level benchmarking is intended to complement the regional level benchmarking.
  - Timeline and approach for regional benchmarking, which includes a phased timeline of when data is anticipated to be released for each School Readiness Indicator.

Next Steps

- The information at this meeting and the upcoming meeting in June is intended to build a strong foundation for future decision-making. Following the June meeting, the Pascua Yaqui Tribe, Tohono O'odham Nation and Santa Cruz Regional Partnership Councils will likely continue to discuss their prioritized School Readiness Indicators and benchmarking as individual Councils within their respective Regional Council meetings. The three Pima Regional Partnership Councils have agreed to meet collaboratively and to collectively discuss and work together on identifying recommendations for benchmarks.
- Future meetings will continue to be facilitated by Dr. Amy Kemp.
- Aside from participating in the workgroup meetings, members will also work with Regional Directors to provide updates to Regional Councils and ultimately, bring back benchmark recommendations for full Regional Partnership Council approval. Regions will present benchmark recommendations for Board approval in April 2014.

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School Readiness Indicators

Regional Benchmarking for the School Readiness Indicators

Achieving the mission of First Things First to ensure all young children arrive in kindergarten healthy and ready to succeed will require more than simply funding programs and services. It will take all partners, across the state, to own a common vision for children in Arizona and a cross-sector commitment to ensure that vision is realized.

First Things First School Readiness Indicators were chosen to reflect the effectiveness of funding strategies and collaborations built across communities to improve the lives of children residing in the state of Arizona and improve their readiness for entering school and subsequently their life long success.

In April 2014, Regional Partnership Councils will recommend 2020 benchmarks for prioritized indicators to the First Things First Board. To support those discussions and the community forums that follow, the data release phases below have been set.

A phased approach was selected due to data availability as well as considerations for how to provide technical assistance for decision-making. Data releases will include a fact sheet for each indicator which provides regional-specific data for decision-making on benchmarks for prioritized School Readiness Indicators. Prior to Phase I, a series of three webinars will be available in March 2013 and will include: 1) overview of the School Readiness Indicators, recap of the selection of data sources, and description of the state-level benchmarks; 2) background and assistance on interpreting tribal data; and 3) guidance in how to set benchmarks, including data interpretation and assistance on setting attainable yet aspirational goals. Additional support materials, as well as discussion and decision-making facilitation, will be provided throughout the process.

Data Release Phases

Phase 1: April - June, 2013

Non-Tribal Regions - **Indicator 6**: #/% of children entering kindergarten exiting preschool special education to regular education

Non-Tribal Regions - **Indicator 7**: #/% of children ages 2-4 at a healthy weight (Body Mass Index-BMI)

Phase 2: June – August, 2013

Tribal Regions - **Indicator 6**: #/% of children entering kindergarten exiting preschool special education to regular education

Tribal Regions - **Indicator 7**: #/% of children ages 2-4 at a healthy weight (Body Mass Index-BMI)

Tribal Regions - Indicator 8: #/% of children receiving at least six well-child visits within the first 15 months of life

Tribal Regions - Indicator 9: #/% of children age 5 with untreated tooth decay

Phase 3: August – October, 2013

All Regions – Indicator 2: #/% of children enrolled in an early care and education program with a Quality First rating of 3-5 stars

All Regions – Indicator 3: #/% of children with special needs/rights enrolled in an inclusive early care and education program with a Quality First rating of 3-5 stars

All Regions – Indicator 4: #/% of families that spend no more than 10% of the regional median family income on quality care and education with a Quality First rating of 3-5 stars

Non- Tribal Regions - Indicator 8: #/% of children receiving at least six well-child visits within the first 15 months of life

Non- Tribal Regions – Indicator 10: % of families who report they are competent and confident about their ability to support their child's safety, health and well being

Phase 4: September – October 2014

Tribal Regions – Indicator 10: % of families who report they are competent and confident about their ability to support their child's safety, health and well being

Phase 5: TBD

All Regions - Indicator 1: #/% children demonstrating school readiness at kindergarten entry in the development domains of social-emotional, language and literacy, cognitive, and motor and physical

All Regions – Indicator 5: % of children with newly identified developmental delays during the kindergarten year

Non-Tribal Regions – Indicator 9: #/% of children age 5 with untreated tooth decay

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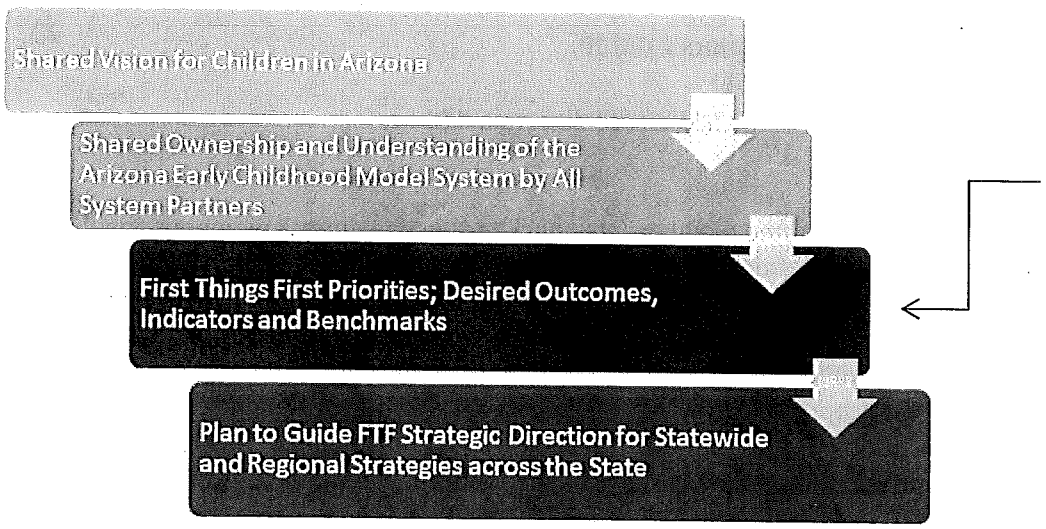
Overview of State Level Benchmarks

Introduction

Achieving the mission of First Things First to ensure all young children arrive in kindergarten healthy and ready to succeed will require more than simply funding programs and services. It will take all partners, across the state, to own a common vision for young children in Arizona and a cross-sector commitment to ensure that vision is realized. As a key partner in the early childhood system, First Things First has reached a critical and exciting stage in our strategic planning with the recommendation of state level benchmarks that will allow us to track our progress toward achieving measureable and real long-term results for children.



Sub-committees of the Policy and Program Advisory Committees for Early Learning, Health, and Family Support and Literacy recommend state level benchmarks to show progress on the School Readiness Indicators

The Arizona Early Childhood Taskforce, with members appointed in January 2010 by First Things First Board Chair, Steve Lynn, were charged with establishing a shared vision for all young children in our state, and conceiving a model system that could be embraced by all of Arizona's early childhood partners, including families, early educators, health providers, state agencies, tribes, advocacy and service delivery organizations, philanthropic, faith-based and business representatives and other stakeholders. The Task Force developed the vision for and elements of comprehensive model system, and recommended eight priority roles for First Things First, with the explicit understanding that First Things First is only one of many key partners that have an important role in building and sustaining the system.

In 2011, under the direction of First Things First Policy and Program Committee Chair, Dr. Pamela Powell, three Advisory Committees were convened in the areas of Early Learning, Health and Family Support and Literacy. The Advisory Committees are chartered to provide on-going early childhood expertise and make recommendations related to their content area to the First Things First Policy and Program Committee. Membership is geographically diverse and includes First Things First Regional Council members, content experts, and community partners. The work of these committees in 2011 focused on continuing the development of a strategic framework around the priority roles that will guide our work through 2020, and culminated in the recommendation of one additional priority role (Nutrition and Physical Activity) and 10 FTF School Readiness Indicators that provide a

comprehensive composite measure for young children as they prepare to enter kindergarten. (See page 5-6 for a table of the 10 School Readiness Indicators.)

FTF School Readiness Indicators were chosen to reflect the effectiveness of funding strategies and collaborations built across communities to improve the lives of children residing in the state of Arizona and improve their readiness for entering school and subsequently their life long success. They should also encourage Regional Councils and the Board in making informed priority decisions. Building on this framework in 2012, the Advisory Committees formed four sub-committees to recommend state level benchmarks for each School Readiness Indicator for the year 2020. These benchmarks provide First Things First with aspirational, yet achievable targets and will be monitored over time in order to determine progress in reaching systemic improvements for children and families.

State Level Benchmark Development

The Advisory Committees convened four ad hoc sub-committees to recommend state level benchmarks for specific indicators:

- Early Learning and Family Support (Indicators 1-4, 10)
- Developmental Screening (Indicators 5-6)
- Nutrition/Obesity Prevention and Well Child Visits (Indicators 7-8)
- Oral Health (Indicator 9)

Each sub-committee included Advisory Committee members, Regional Partnership Council members, tribal representatives, and content and data experts from state agencies and early childhood, education and health organizations. Professional facilitation for each sub-committee was provided by Leslie Anderson, Leslie Anderson Consulting, Inc., who was also the facilitator for the Early Learning and Health Advisory Committees during indicator development. All sub-committee meeting materials and summary notes that include lists of members are on the First Things First web site at: http://azftf.gov/WhoWeAre/Board/Pages/BoardCommittees.aspx.

Meeting in March and April 2012, sub-committee members identified appropriate data sources that could be used to track progress toward a benchmark. Sub-committees looked for the best data sources collected at the state level, in a significant population size, and that could be disaggregated to the regional, county, and/or community level. They also looked for data sources that could be collected regularly, either annually or every two to three years. For each School Readiness Indicator, sub-committees were asked to identify to the extent possible, the following for each state level benchmark:

- Reliable data source from which to set the benchmark
    - If the existing data required additional fields or more extensive data collection, then suggestions were made to indicate the need.
    - If no data existed, or data did exist, but additional information was required, then a key measure was identified for use until the time that sufficient data is available.
- Baseline measure (initial or current data used to establish the benchmark)
- Trend line or information that shows previous changes over time and is used to predict future progress

All sub-committee work and decision-making related to benchmarks was conducted in public open meetings, and final recommendations on benchmarks were informed by comments received in June 2012 at eight regional forums across the state attended by Regional Partnership Council members and the public.

Additional valuable comments on the benchmarks were received during a Tribal Consultation on Data and Evaluation requested by First Things First with tribal government leaders on August 1, 2012. Tribal leaders and their representatives stressed the importance of using culturally appropriate instruments and methods to collect data used to track progress on benchmarks; to be purposeful about the use of data; and to determine whether data sources are representative of all children enrolled and/or living in tribal communities.

State Level Benchmarks

The state level benchmarks will be used to monitor changes in large populations of children and families by using aggregated data at the state level to measure progress toward the benchmark target. A process to develop benchmarks for School Readiness Indicators prioritized by each Regional Council will begin in fall 2012, with recommendations forwarded to the Board in April 2014. Benchmark targets at the state level, as well as the regional level are recommended for the year 2020, which allows sufficient time to develop some of the data sources and collection methods that currently don't exist for tracking progress. The year 2020 also provides the time necessary to show significant systemic improvements for children and families.

Tracking progress on the benchmarks for the School Readiness Indicators is different from conducting a First Things First program or strategy evaluation, as the benchmarks measure more than just First Things First funded efforts and the population and system level. Indicators and benchmarks measure the collective efforts of all partners engaged in the early childhood system, but also will be used to guide First Things First planning at the state and regional level relative to our funding investment in strategies, and our efforts to impact cross-sector community collaborations and affect system policy changes with our partners to improve the lives of children and families. Monitoring progress toward achieving the benchmarks aligns with the recommendations made by the Early Childhood Research and Evaluation National Advisory Panel convened by the Board, and complements other First Things First evaluation and research efforts.

Information on benchmarks for the 10 School Readiness Indicators can be organized into three categories:

A. Benchmarks with complete statewide data:
   - Indicator 6 – Children exiting special education to kindergarten regular education
   - Indicator 7 – Children at healthy body weight
   - Indicator 8 – Children receiving timely well-child visits
   - Indicator 9 – Children with untreated tooth decay
   - Indicator 10 – Families competent and confident about ability to support their child

   The indicators directly related to health had the most complete and consistent statewide data sources available to determine benchmarks, although no data source collects data on all children in Arizona. It is recommended that we continue to investigate the use of additional data sources to include more Arizona child populations in the data to track progress.

B. Benchmarks with baseline data collection just beginning:
   - Indicator 2 – Children enrolled in high quality early learning programs
   - Indicator 3 – Children with special needs/rights enrolled in high quality early learning programs
   - Indicator 4 – Families accessing affordable high quality early learning programs

   Quality First Rating data will be used to track progress toward these recommended benchmarks, and actual numbers to complete the benchmark will be available when the baseline is established at the end of FY13 when a full set of Quality First Rating data is available.

C. Benchmarks requiring further data development and decisions:
   - Indicator 1 – Children demonstrating kindergarten readiness in developmental domains
   - Indicator 5 – Children with newly identified developmental delays in the kindergarten year

   Benchmark recommendations for these indicators require further research on available data sources or development of new data collection systems, so recommendations will likely be forwarded for Board consideration in the next couple of years. Not surprisingly, these two indicators caused the most robust and passionate discussions and comments related to appropriate data collection instruments and methods; purpose of collecting data; possible misuse of data; and, difficulty in identifying and connecting multiple data sources. Data for Indicator 1 has not been collected before in Arizona in a systemic way, and measuring progress on kindergarten readiness presents an opportunity to engage multiple partners in this data discussion. Data for Indicator 5 is collected in varied settings, using different standards and methods, and First Things First is partnering with St. Luke's Health Initiative to fund an opportunity analysis on all aspects of the Arizona early intervention system for children birth to age five, including collection and availability of data.

Using Benchmarks in Strategic Planning Decisions and Implications

Tracking our progress toward achieving 2020 benchmarks for the 10 School Readiness Indicators provides the opportunity to sharply focus on priorities. These benchmarks should not be used punitively; rather they are critical tools that hold us accountable for progress toward system change to achieve real and measurable outcomes for children and families. Using the indicators and benchmarks to highlight levers for system development or change, and to instigate cross-sector partnerships and initiatives is as significant, and perhaps even more so, than using indicators and benchmarks only to inform funding decisions.

Regional Councils have inquired about the consequences of not achieving a designated benchmark on prioritized School Readiness Indicators, either in the short-term or long-term. First Things First staff is committed to providing as much support as requested and necessary to assist Regional Councils in achieving the progress results they have identified for their work in their community. Further policy discussions and decisions related to the development of regional level benchmarks beginning in fall 2012 must include specific discussion on this topic.

Implementation of Benchmarks

The Board approved final wording and statewide benchmarks for Indicators 2-4 and 6-10 on October 1, 2012. With that approval, First Things First has continued to convene and sought input from partners and stakeholders in carrying out the next steps as described below.

- Staff will work with the Board's Program and Policy Committee, the Early Learning, Health, and Family and Support and Literacy Advisory Committees and other partners to continue data research, finalize benchmark recommendations and plan for data collection methods and systems.
- First Things First will continue to work with all system stakeholders to develop a common policy agenda informed by tracking progress on benchmarks. This will include partnerships with the Governor, the legislature, tribal governments, state agencies, philanthropy, business and community stakeholders.
- Regional Councils will begin developing their recommended benchmarks for prioritized School Readiness Indicators in fall 2012, using the following timeline:

Timeline	Activity
August – December 2012	Knowledge and Understanding of Available Data
January – March 2013	Compile Data by Region
February-March 2013	Preparation by Regional Councils to set Benchmarks (Webinar series)
April – October 2013	Decisions on Benchmark Recommendation based on Phases of Work *Note: Some indicators extend beyond October 2013
November 2013 – February 2014	Solicit Public Feedback
February – March 2014	Finalize Recommendations
April 2014	Recommendations to Board

A reference table listing the 10 School Readiness Indicators and recommended benchmarks is shown below:

Approved School Readiness Indicators and Proposed State Level Benchmarks
1. **#/% children demonstrating school readiness at kindergarten entry in the development domains of social-emotional, language and literacy, cognitive, and motor and physical** *Benchmark: It is anticipated that a benchmark for 2020 may be recommended in FY15 upon analysis of baseline data from an Arizona kindergarten developmental inventory.*
2. **#/% of children enrolled in an early care and education program with a Quality First rating of 3-5 stars** *Benchmark: Increase by 20% over baseline the #/% of children enrolled in an early care and education program with a Quality First rating of 3-5 stars*
3. **#/% of children with special needs/rights enrolled in an inclusive early care and education program with a Quality First rating of 3-5 stars** *Benchmark: Increase by 20% over baseline the #/% of children with special needs/rights enrolled in an inclusive early care and education program with a Quality First rating of 3-5 stars*

4. **#/% of families that spend no more than 10% of the regional median family income on quality care and education with a Quality First rating of 3-5 stars** *Benchmark: Maintain the #/% of families that spend no more than 10% of the regional median family income on quality care and education with a Quality First rating of 3-5 stars*
5. **% of children with newly identified developmental delays during the kindergarten year** *Benchmark: Indicator language and benchmark recommendations will be made in fall 2013 after completion of the comprehensive opportunity analysis on the Arizona early intervention system for children birth to age 5.*
6. **#/% of children entering kindergarten exiting preschool special education to regular education** *Benchmark: 30% of children served in preschool special education will exit to kindergarten regular education*
7. **#/% of children ages 2-4 at a healthy weight (Body Mass Index-BMI)** *Benchmark: 75% of children age 2-4 at a healthy weight (BMI)*
8. **#/% of children receiving at least six well-child visits within the first 15 months of life** *Benchmark: 80% of children receiving at least six well-child visits within the first 15 months of life*
9. **#/% of children age 5 with untreated tooth decay** *Benchmark: 32% of children age 5 with untreated tooth decay*
10. **% of families who report they are competent and confident about their ability to support their child's safety, health and well being** *Benchmark: 73% of families report they are competent and confident about their ability to support their child's safety, health and well being*

School Readiness Indicators
Benchmark Data Sources

Indicator #1:	**#/% children demonstrating school readiness at kindergarten entry in the development domains of social-emotional, language and literacy, cognitive, and motor and physical**
Intent:	Increase the number of children with equal opportunity to be successful in school and close the achievement gap before kindergarten entry

Benchmark Data Source:
There is currently no data on school readiness at kindergarten entry available at the statewide level in Arizona. Considerations were given to possible use of public school district or school site level data, but data availability is not consistent, as districts or schools determine whether any data is collected. Additionally, if school readiness is assessed, an inconsistent variety of instruments and processes are used.

The Arizona Department of Education (ADE), First Things First, the State Board of Education, and Virginia G. Piper Charitable Trust are working together to develop an Arizona kindergarten developmental inventory instrument that is appropriate for all Arizona children to be administered at the beginning of the kindergarten year to measure areas of school readiness. Representatives from these agencies have agreed on the following purpose statement:

> To provide a kindergarten developmental inventory tool that allows parents, teachers and administrators to understand the extent of a child's learning and development at the beginning of kindergarten to provide instruction that will lead to the child's academic success. The tool that is developed or adopted will align with the *Arizona Early Learning Standards* and *Arizona's Common Core Standards* for kindergarten, cover all essential domains of school readiness (physical and motor development, social and emotional development, approaches to learning, language development and cognitive development) and will be reliable and valid for its intended use.

The agencies are also participating in national conversations that originated in the Race to the Top – Early Learning Challenge grant application process to determine how other states are developing measures of school readiness at kindergarten entry. Public input will also be solicited and considered in making final recommendations and decisions on the Arizona process and age-appropriate tool used for the kindergarten developmental inventory.

After analysis of data collected using the approved instrument, data will be available at the regional level.

Indicator #2:	**#/% of children enrolled in an early care and education program with a Quality First rating of 3-5 stars**
Intent:	Increase the number of children with access to affordable high quality early learning programs

Indicator #3:	**#/% of children with special needs/rights enrolled in an inclusive early care and education program with a Quality First rating of 3-5 stars**
Intent:	Increase in the number of children with special needs/rights who enroll in high quality inclusive regulated early learning programs

Indicator #4:	**#/% of families that spend no more than 10% of the regional median family income on quality care and education with a Quality First rating of 3-5 stars**
Intent:	Increase the number of families that can afford high-quality early learning programs so family financial contribution is no higher than 10% of the regional median family income

Benchmark Data Source:
All three indicators depend on the Quality First star rating to report progress, so the Quality First Data System administered by FTF was identified as the best data source for these indicators, as it will contain all updated enrolled providers' star rating, as well as information on number of children and number of children with special needs/rights enrolled. Information on families, including household income, will also be integrated from the Quality First Scholarship program. Other potential data sources considered were the Child Care Resource and Referral (CCR&R) database, the Head Start Program Information Report and the Market Rate Survey conducted every two years by the Department of Economic Security. However, these sources do not directly contain the Quality First star rating information needed to measure progress on these indicators.

Indicator #2: Quality First ratings began on July 1, 2012, and continue throughout the year. FTF anticipates that enough Quality First participating providers will complete the rating process by July 1, 2013, so that regional data may be initially analyzed to determine a benchmark for this indicator.

Indicator #3: The Quality First provider profile, part of the Quality First Data System, will be updated by July 1, 2013 so that all participating providers will submit information on the number of children with special needs/rights enrolled in their program. Children with special needs/rights are defined by those children with an Individual Family Service Plan (IFSP), an Individual Education Program (IEP) or a 504 Plan. The IFSP (birth to age 3) and IEP (age 3 to 5) are plans for special services for young children with developmental delays and are required for children meeting eligibility requirements under the Individuals with Disabilities Education Act. A 504 plan refers to Section 504 of the Rehabilitation Act and the Americans with Disabilities Act (ADA), and spells out the modifications and accommodations that will be needed for a child to have an opportunity to perform at the same level as their peers, and might include such things as wheelchair ramps, blood sugar monitoring, or a peanut-free eating environment.

Indicator #4: Data housed in the Quality First Data System related to Quality First Scholarship usage will be used to identify how much families are currently paying for quality early care and education with a Quality First rating of 3-5 stars. Quality First participating providers will complete the rating process by July 1, 2013, and data from families receiving Quality First Scholarships will be initially analyzed to determine a benchmark for this indicator.

Data for these indicators will be available at the regional level for all regions funding Quality First.

Indicator #5:	**% of children with newly identified developmental delays during the kindergarten year**
Intent:	Increase the number of children who are screened and if appropriate, receive a diagnosis and early intervention services for developmental delays prior to entering kindergarten

Benchmark Data Source:
A data source has not yet been selected to determine state level or regional level benchmarks. There were several data sources considered, including:

- Arizona Early Intervention Program (AzEIP): AzEIP provides screening, evaluation and intervention services for children birth to age three, and therefore does not collect data on children who are in kindergarten.
- Arizona Health Care Cost Containment System (AHCCCS): AHCCCS does have information on kindergarten age children; however, does not have a standardized data collection on newly identified developmental delays during the kindergarten year.
- First Things First Developmental Screening Grantee data: FTF grantees provide developmental *screening* for children birth to age five, but do not provide the actual diagnosis of a developmental delay. Also, FTF grantees do not provide services to children in kindergarten.
- Arizona Department of Education (ADE): ADE collects data from school public school districts, and with some modification to the data requirements, it is possible that this type of data could be collected by ADE so that FTF could measure progress on this indicator.

After significant discussion among policy experts and stakeholders, the general consensus was that the indicator language as written would not be the most effective measure of how many children are receiving screening and, if appropriate, intervention services in the years prior to kindergarten. Educators also shared that fewer children are being diagnosed with developmental delays during the kindergarten year, because educators are likely to try other supports before officially identifying children as developmentally delayed.

Concurrent to the discussions about the language for this indicator and data on early intervention, First Things First and St. Luke's Health Initiative partnered together to commission a comprehensive statewide opportunity analysis on the Arizona early intervention system (birth – age 5) with a final report due in July 2013. This project has been vetted with partners in the early intervention system, and the final report will include an assessment and analysis of existing data, which will further inform the discussion about how this indicator is written and the data source and benchmark recommendation at both state and regional levels.

Indicator #6:	**#/% of children entering kindergarten exiting preschool special education to regular education**
Intent:	Increase the number of children who transition to kindergarten without an identified special need due to timely screening, identification and delivery of effective intervention services prior to their kindergarten year

Benchmark Data Source:
Data sources considered for this indicator include:

- Arizona Department of Education (ADE) Individuals with Disabilities Education Act (IDEA) Part B data: ADE collects data annually for this indicator for all IDEA Part B preschool public school special education programs, including those public schools located in tribal communities.
- Tribal Head Start Programs: Head Start data is a potential data source to determine the number of children who received special education services that were not provided in a public school setting.
- Bureau of Indian Education (BIE) Family and Child Education Programs (FACE): The FACE program supports parents as their child's primary teacher and also promotes the early identification and services for children with special needs, so is a potential data source of children who received special education services that are not funded through IDEA Part B.

The ADE IDEA Part B preschool data that is collected annually was determined to be the best data source for this indicator, since the data is already available in an ADE administrative database. FTF will work individually with those tribal regions where a public school district is not located to determine the best data source for this indicator (Head Start, FACE program or other).

Data for this indicator is available at the school district or county level.

Indicator #7:	#/% of children age 2-4 at a healthy weight (Body Mass Index-BMI)
Intent:	Increase the number of children who maintain a healthy body weight

Benchmark Data Source:
Body Mass Index (BMI) is a measure used to determine childhood overweight and obesity. It is calculated using a child's weight and height. Two primary sources of Body Mass Index (BMI) data were considered for this indicator:

- Arizona Women, Infants and Children (WIC) Nutrition Program data: WIC is a federally funded program providing residents with nutritious foods, nutrition education, and referrals. WIC serves pregnant, breastfeeding, and postpartum women, and infants and children under age five who are at nutritional risk and who are at or below 185 percent of the federal poverty guidelines. This program measures BMI of all enrolled 2-4 yr. old participants for all regions of the state. WIC data is available for non-tribal regions and the Navajo Nation Regional Council (with tribal permissions) through the Arizona Department of Health Services (DHS). Data for tribal regions is available (pending tribal permissions) through the Intertribal Council of Arizona (ITCA) or tribal authorities. WIC serves a very large number of low-income 2-4 year olds and their families in Arizona; however, it does not measure the BMI of all Arizona children, only those enrolled in the WIC program. Some regions may be better represented by WIC data than others. Specifically, those communities with large percentages of the population at or below 185 percent of the federal poverty guidelines will have better measurement with the WIC data.
- Arizona Health Care Cost Containment System (AHCCCS): The Arizona Health Care Cost Containment System (AHCCCS) is Arizona's Medicaid agency that offers health care programs to serve Arizona residents. Individuals must meet certain income and other requirements to obtain services. Data is collected through AHCCCS for all participants, but this data is not currently available in a standardized report, and access to the data requires permission from AHCCCS.

There currently is no data source that measures the BMI of all Arizona children. However, WIC data from DHS and ITCA (pending tribal permissions) was identified as best data source for this indicator because consistent data are available for all regions and the WIC program serves a large number of Arizona 2-4 yr. olds (105,968 in the initial data pull).

Data for this indicator is available at the regional level.

Indicator #8:	**#/% of children receiving at least six well child visits within the first 15 months of life**
Intent:	Increase the number of children with consistent well child visits where there is higher opportunity for immunizations, appropriate screenings and early identification of development delays, other medical healthcare, and support for family members to understand their child's health

Benchmark Data Source: There were two primary sources of data considered for the measurement of regular well child visits:

- Arizona Health Survey: The Arizona Health Survey is a large-scale phone survey that has been conducted by St. Luke's Health Initiatives to provide data on Arizonans' healthy behaviors, health care, and health insurance. Data from this survey identifies, through parent report, whether a young child has been to a physician for a routine visit in the past year. The Arizona Health Survey provides data on families throughout Arizona with a representative sample of phone surveys.
- Arizona Health Care Cost Containment System (AHCCCS) and Indian Health Service (IHS): AHCCCS is Arizona's Medicaid agency that offers health care programs to serve Arizona residents. The Indian Health Service (IHS) is an agency within the Department of Health and Human Services and is responsible for providing federal health services to American Indians and Alaska Natives. The provision of health services to members of federally-recognized tribes grew out of the special government-to-government relationship between the federal government and Indian tribes. The IHS is the principal federal health care provider and health advocate for Indian people and provides a comprehensive health service delivery system for American Indians and Alaska Natives who are members of 566 federally recognized Tribes across the U.S.

  Both AHCCCS and IHS utilize performance measures developed and maintained by the National Committee for Quality Assurance (NCQA), called HEDIS (Healthcare Effectiveness and Information Data Set) or similar measures. HEDIS is the most widely used set of performance measures in the managed health care industry and serves to measure the timeliness and completeness of medical care. There are numerous benefits of utilizing administrative data related to actual well child visits as the data source for this indicator. First, these data are not reported by a parent in a phone survey, they are actual medical records; therefore, errors due to recall are less likely. In addition, while data do not provide information on all children in the state of Arizona, just those served by AHCCCS and IHS, due to the large number of children served in these programs, local data is more likely to be available than through a phone survey.

AHCCCS data for non-tribal regions and IHS data for tribal regions (with tribal permission) were identified as the best data sources for this indicator because data are collected for all FTF regions. FTF is currently in consultation with both AHCCCS and IHS to acquire the data.

Data for this indicator is available at the county or tribal region level.

Indicator #9:	#/% of children age 5 with untreated tooth decay
Intent:	Increase the number of children who begin at an early age and regularly visit an oral health professional to receive preventive oral healthcare and services necessary to treat tooth decay

Benchmark Data Source:
There were three sources of data considered for this indicator:

- Arizona Oral Health Survey: This survey is actually an oral health exam performed by qualified oral health professionals. The Arizona Department of Health Services conducted the survey of preschool children in 1995, and again on almost 1000 preschool children in 2009.
- Indian Health Services (IHS) Oral Health Service Data: This is data collected regularly on oral health services for young children seen through the IHS.
- Arizona Health Survey: The Arizona Health Survey is a large-scale phone survey that has been conducted by St. Luke's Health Initiatives to provide data on Arizonans' healthy behaviors, health care (including dental care) and health insurance. Data from this phone survey identifies, through parent report, whether a young child has been to a dentist for a routine visit in the past year, but does not provide data from actual oral health exams.

The Arizona Oral Health Survey was selected as the data source for non-tribal regions. FTF is partnering with the Arizona Department of Health Services Office of Oral Health to expand the sample size of the Arizona Oral Health Survey to provide data at the county or multi-county level and to complete the survey on a more regular and shorter interval, beginning in 2014-15. Considerations will be made to assure consistent data collection, methods, inclusion of appropriate age groups and consistent protocols.

IHS oral health service data was selected as the data source for tribal regions (pending tribal permissions). FTF is beginning discussions with the IHS to identify appropriate available data and to obtain tribal permissions to use the data for this indicator.

Data for this indicator will be available at the county or multi-county and tribal regional level.

Indicator #10:	**% of families who report they are competent and confident about their ability to support their child's safety, health and well being**
Intent:	Increase the number of families who report they are competent and confident to support their child

Benchmark Data Source:
The Family and Community Survey conducted by FTF was the only data source considered for this indicator. The Family and Community Survey of almost 4000 families is FTF's primary method for gathering consistent data on parent knowledge, skills, and practice related to their young children. This survey was conducted for the first time in 2008 and again in 2012, and will be done every two to three years in the future. In addition to data collected for this indicator, the survey results are also used to inform needs and assets reports and develop FTF communication messages.

Key features of the Family and Community Survey:

- Sampling methodology is designed to obtain a statistically representative random sample of families with children birth to five as well as the general population in each of the First Things First regions (with the exception of tribal regions)
- Statewide and regional samples are designed to reflect current regional and statewide census-based proportions in key demographic categories (i.e. education, socio-economic status, and ethnicity)
- The survey was administered in Spanish or English, based on the preference of the respondent

The survey contains over sixty questions, many of them exploring multiple facets of parenting. Seven of the questions (listed below) are analyzed to arrive at a composite measure of critical parent knowledge, skills and actions for this indicator. First Things First conducted an analysis on several of the relevant survey indicators to arrive at this composite measure.

- % think a parent can begin to significantly impact their child's development brain prenatally or right from birth
- % of parents reported that they or other family members read stories to their child/children seven days a week
- % of parents strongly agreed that their regular medical provider knows their family well and helps them make healthy decision
- % believe that children do not respond to their environment until two months of age or later
- % believe that children sense and react to parents emotions only after they reach seven months of age or older
- % believe that children's capacity to learn may be set at birth
- % believe that a child's language benefits equally from watching TV versus talking to a real person

Non-tribal data are collected through the Family and Community Survey, a phone survey. Best practice indicates that phone surveys are not the optimal method to obtain information for families residing on tribal lands. Data collection on Family and Community Survey items will be integrated into on-the-ground data collection, as part of tribal regional needs and assets reports, beginning in 2013-14 (with tribal approval).

Data for this indicator is available at the regional level.

FIRST THINGS FIRST

Ready for School. Set for Life.

Southeast Regional Area – Prioritized School Readiness Indicators

	1	2	3	4	5	6	7	8	9	10
SCHOOL READINESS INDICATORS	Indicator 1 - #/% children demonstrating school readiness at kindergarten entry...	Indicator 2 - #/% children enrolled in 3-5 star early care and education programs	Indicator 3 - #/% children with special needs/rights in 3-5 star early care and education programs	Indicator 4 - #/% families that spend no more than 10% of income on 3-5 star early care and education	Indicator 5 - % of children with newly identified developmental delays during the kindergarten year	Indicator 6 - #/% children entering kindergarten exiting preschool special education to regular education	Indicator 7 - #/% children age 2-4 at a healthy weight (BMI – Body Mass Index)	Indicator 8 - #/% children receiving at least six well child visits within the first 15 months of life	Indicator 9 - #/% children age 5 with untreated tooth decay	Indicator 10 - % of families who report they are competent and confident
North Pima	X	X	X					X		X
Central Pima	X	X						X		X
South Pima	X				X					X
Santa Cruz	X	X								X
Pascua Yaqui Tribe	X							X		X
Tohono O'odham Nation	X	X	X			X	X			X

School Readiness Indicators - Intent

Indicator #1:	**#/% children demonstrating school readiness at kindergarten entry in the development domains of social-emotional, language and literacy, cognitive, and motor and physical**
Intent:	Increase the number of children with equal opportunity to be successful in school and close the achievement gap before kindergarten entry
Indicator #2:	**#/% of children enrolled in an early care and education program with a Quality First rating of 3-5 stars**
Intent:	Increase the number of children with access to affordable high quality early learning programs
Indicator #3:	**#/% of children with special needs/rights enrolled in an inclusive early care and education program with a Quality First rating of 3-5 stars**
Intent:	Increase in the number of children with special needs/rights who enroll in high quality inclusive regulated early learning programs
Indicator #4:	**#/% of families that spend no more than 10% of the regional median family income on quality care and education with a Quality First rating of 3-5 stars**
Intent:	Increase the number of families that can afford high-quality early learning programs so family financial contribution is no higher than 10% of the regional median family income
Indicator #5:	**% of children with newly identified developmental delays during the kindergarten year**
Intent:	Increase the number of children who are screened and if appropriate, receive early intervention services for developmental delays before entering kindergarten
Indicator #6:	**#/% of children entering kindergarten exiting preschool special education to regular education**
Intent:	Increase the number of children who transition to kindergarten without an identified special need due to timely screening, identification and delivery of effective intervention services prior to their kindergarten year
Indicator #7:	**#/% of children ages 2-4 at a healthy weight (Body Mass Index-BMI)**
Intent:	Increase the number of children who maintain a healthy body weight
Indicator #8:	**#/% of children receiving *at least six well child visits within the first 15 months of life***
Intent:	Increase the number of children with consistent well child visits where there is higher opportunity for immunizations, appropriate screenings and early identification of development delays, other medical healthcare, and support for family members to understand their child's health
Indicator #9:	**#/% of children age 5 with untreated tooth decay**
Intent:	Increase the number of children who begin at an early age and regularly visit an oral health professional to receive preventive oral healthcare and services necessary to treat tooth decay
Indicator #10:	**% of families who report they are competent and confident about their ability to support their child's safety, health and well being**
Intent:	Increase the number of families who report they are competent and confident to support their child